Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)					
National Nurses United for Patient Protection	C C00490375				
	O constant				
Check if 24-hour report 48-hour report New report An	mends report filed on				
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination				
California Nurses Association	04 12 / Y Y Y Y Y Y Y				
Mailing Address 155 Grand Avenue	Amount				
City State Zip Code	200.00				
Oakland CA 94612	Transaction ID : D734675 Date of Disbursement or Obligation				
Purpose of Expenditure Online Ad Category/ Type	// M M / D D / Y Y Y Y				
Name of Federal Candidate	Support Office Sought: House District: 00				
Bernie Sanders	Oppose President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought 18109.79	Disbursement For:				
Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination				
	04 28 2016				
Mailing Address 155 Grand Avenue	Amount				
City State Zip Code	856.00				
Oakland CA 94612	Transaction ID : D734673 Date of Disbursement or Obligation				
Purpose of Expenditure Ad Category/ Type					
Name of Federal Candidate	Support Office Sought: House District: 00				
Bernie Sanders	Oppose President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought 42110.27	Disbursement For: Primary General Other (specify)				
	Guier (Speeliy) >				
(a) SUBTOTAL of Itemized Independent Expenditures	1056.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	······································				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl [Electronically Filed]	Date 04 30 2016				
Signature					

		FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection		C C00490375			
Check if 24-hour report 48-hour report New re	port Amends report file	ed on Mam / Dab / Yayayay			
Full Name of Payee		Date of Public Distribution/Dissemination			
California Nurses Association		04 14 2016			
Mailing Address 155 Grand Avenue		Amount			
City State	Zip Code	175.00			
Oakland CA	94612	Transaction ID : D734676 Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Off	ice Sought: House District: 00			
Bernie Sanders		President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought	18109.79 Dis	Sbursement For: Primary General Other (specify) Other			
Full Name of Payee Bus Bank		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 820 West Jackson Suite 815		Amount			
City State	Zip Code	17634.79			
Chicago IL	60607	Transaction ID : D734678 Date of Disbursement or Obligation			
Purpose of Expenditure Travel	Category/ Type	04 / 18 / 2016			
Name of Federal Candidate	X Support Off	fice Sought: House District: 00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought		sbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures	······································				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	nically Filed] Date	04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

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	medule Ly					FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full) ational Nurses United for Patient Protection				FEC	IDENTIFICATI	ON NUMBER ▼
IN	ational Nurses Office for Patient Protection				С	C00490375	
Che	eck if X 24-hour report 48-hour report New report	Ar	mends repo	ort filed on	M = M	/ D = D /	Y = Y = Y = Y
Т	Full Name of Payee			Date	of Pub	olic Distribution	/Dissemination
	California Nurses Association			[04	/ D D /	2016
	Mailing Address 155 Grand Avenue			Amo	unt		
ŀ	City State Zip Co	de		$-\Gamma$	-		100.00
	Oakland CA 94612					n ID : D734677 bursement or	
	Purpose of Expenditure Online Ad Category	gory/ Type			M M 04	19	2016
ı	Name of Federal Candidate	X	Support	Office Soug	ht:	House	District:00
	Bernie Sanders		Oppose	X Presid		Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought 1810	09.79	9	Disburseme		Primary	/ General
ŀ	F. III Name of Days		_			specify)	
	Full Name of Payee The Oakstone Company			Date	M = M	/ D D /	n/Dissemination
-	Mailing Address 5757 W Century Blvd			Amo	04 unt	29	2016
L	#700				_		
1	City State Zip Co					ID D704004	26500.00
	Los Angeles CA 90045	5				ID: D734684 bursement or	Obligation
	Purpose of Expenditure Ad Categ	gory/ Type			M 04	20	2016
ŀ	Name of Federal Candidate	X	Support	Office Soug	ht:	House	District:00
	Bernie Sanders		Oppose	X Presi		Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought 421	10.2	7	Disburseme 2016		Primar	y General
((a) SUBTOTAL of Itemized Independent Expenditures					7	26600.00
(b) SUBTOTAL of Unitemized Independent Expenditures							
((c) TOTAL Independent Expenditures			• [7 1 1 -7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Martha Kuhl [Electronically Fi	iled1	Date	M M /	30		16
	Signature		Dale	, ,	30	20	ــــــــــــــــــــــــــــــــــــــ

PAGE 3

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 9 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection	C C00490375				
Check if X 24-hour report 48-hour report New report Amends report filed on	n				
Full Name of Payee The Golden Rain Foundation	Date of Public Distribution/Dissemination				
Mailing Address 800 Rockview Dr	04 27 2016 Amount				
City State Zip Code Walnut Creek CA 94595	1300.00 Transaction ID : D734681				
	Date of Disbursement or Obligation 04 04 04 04 04 07 07 07 07 07				
Name of Federal Candidate X Support Office S					
Calendar Year-To-Date Disburs	President Senate State: CA Sement For: Primary General				
Per Election for Office Sought 42110.27 2016 Full Name of Payee	Other (specify) Date of Public Distribution/Dissemination				
Herburger Publications, Inc.	04 27 2016				
Mailing Address 604 N Lincoln Way	Amount				
	ransaction ID : D734682 Date of Disbursement or Obligation				
Purpose of Expenditure Ad Category/ Type	04 / 22 / 2016				
Pornio Sandoro	Sought: House District: 00 President Senate State: CA				
	sement For:				
(a) SUBTOTAL of Itemized Independent Expenditures	2686.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl [Electronically Filed] Date 04	30 / 2016				

Sche	edule E)	71101120		PAGE 5 OF 9 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Nat	tional Nurses United for Patient Protection			C C00490375
	c if 24-hour report 48-hour report New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
FL	ull Name of Payee National Nurses United		M	of Public Distribution/Dissemination
М	lailing Address 155 Grand Avenue		Amour	04 23 2016 nt
C	ity State	Zip Code		108.00
- 1	Dakland CA	94612		action ID : D734667 of Disbursement or Obligation
	urpose of Expenditure Payroll	Category/ Type	М	04 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate	Support	Office Sought	t: House District:00
В	Bernie Sanders	Oppose	> Preside	ent Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	42110.27	Disbursement 2016 Ot	t For:
	ull Name of Payee National Nurses United		M	of Public Distribution/Dissemination
M	failing Address 155 Grand Avenue		Amour	nt
С	State	Zip Code		108.00
	Dakland CA	94612		ction ID : D734669 of Disbursement or Obligation
	rurpose of Expenditure Payroll	Category/ Type	M	04 / 26 / Y Y Y Y Y Y
- 1	lame of Federal Candidate	X Support	Office Sought	t: House District: 00
B	Bernie Sanders	Oppose	X Preside	ent Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	42110.27	Disbursement 2016 Ot	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures		· •	216.00
(b)	SUBTOTAL of Unitemized Independent Expenditures		· •	7
(c)	TOTAL Independent Expenditures			7 7 7
with	der penalty of perjury I certify that the independent expenditures h, or at the request or suggestion of, any candidate or authorized ty committee) any political party committee or its agent.			
_		nically Filed] Date	e 04 /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

PAGE OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ National Nurses United for Patient Protection C00490375 Check if | 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination **National Nurses United** 04 2016 25 Mailing Address 155 Grand Avenue Amount State Zip Code City 506.25 CA 94612 Transaction ID: D734670 Oakland Date of Disbursement or Obligation Purpose of Expenditure Category/ Payroll 04 26 2016 Type Name of Federal Candidate 00 X Support Office Sought: House District: Bernie Sanders CA Oppose President Senate State: Primary Disbursement For: General Calendar Year-To-Date 2016 42110.27 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination National Nurses United 26 2016 Mailing Address 155 Grand Avenue Amount City State Zip Code 175.00 CA Transaction ID: D734674 Oakland 94612 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Ad 2016 04 26 Type Name of Federal Candidate X Support Office Sought: 00 House District: Bernie Sanders CA Oppose President Senate State: | Yrimary Disbursement For: General Calendar Year-To-Date 2016 42110.27 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 681.25 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl [Electronically Filed] 04 30 2016 Date Signature

	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼			
TVational TVarses Office for Fatient Frotection	C C00490375			
Check if X 24-hour report 48-hour report New report Amends report f	illed on Man / Dad / Yayayay			
Full Name of Payee The Cabrillo Voice	Date of Public Distribution/Dissemination			
	04 26 2016			
Mailing Address 6500 Soquel Dr	Amount			
City State Zip Code	275.00			
Aptos CA 95003	Transaction ID: D734680 Date of Disbursement or Obligation			
Purpose of Expenditure Ad Category/ Type	04			
Name of Federal Candidate Support O	office Sought: House District:00			
Damie Conders	✓ President Senate State: CA			
	isbursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
National Nurses United	04 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 155 Grand Avenue	Amount			
City State Zip Code	1113.75			
Oakland CA 94612	Transaction ID : D734672 Date of Disbursement or Obligation			
Purpose of Expenditure Payroll Category/ Type	04 29 / 2016			
Name of Federal Candidate Support C	Office Sought: House District: 00			
Bernie Sanders Oppose	President Senate State: CA			
	oisbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1388.75			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl [Electronically Filed] Date	04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

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		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼		
National Nuises Officed for Fatient Frotection		C C00490375		
Check if 24-hour report 48-hour report New repo	rt Amends report filed o	n M = M / D = D / Y = Y = Y		
Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination		
National Nuises Officed		04 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	290.25		
		Transaction ID : D734679 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/ Type	04 29 / 2016		
Name of Federal Candidate	Support Office	Sought: House District: 00		
Bernie Sanders	Oppose X F	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	42110.27 Disburs 2016	sement For:		
Full Name of Payee		Date of Public Distribution/Dissemination		
Autumn Press		04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 945 Camelia St		Amount		
City State	Zip Code	6348.59		
Berkeley CA		ransaction ID: D734685 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	04 / 29 / 2016		
Name of Federal Candidate	X Support Office	Sought: House District: 00		
Bernie Sanders	Oppose X p	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	42110.27 Disburs 2016	sement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	>	6638.84		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	······	1 1 7 1 1 7 1 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl [Electronic	cally Filed] Date 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New report	ort Amends report file	ed on Mam / Dab / Yayayay		
Full Name of Payee		Date of Public Distribution/Dissemination		
Autumn Press		04 30 / 2016		
Mailing Address 945 Camelia St		Amount		
City State	Zip Code	3143.43		
Berkeley CA	94710-1437	Transaction ID : D734686 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	04 / 30 / 2016		
Name of Federal Candidate	X Support Off	ice Sought: House District: 00		
Bernie Sanders		President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	42110.27 Dis 201	bursement For: Primary General Other (specify) Other		
Full Name of Payee		Date of Public Distribution/Dissemination		
Mailing Address		Amount		
City State	Zip Code			
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation		
Name of Federal Candidate		rice Sought: House District: President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	Dis	Sbursement For: Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures		3143.43		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	······	60220.06		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl [Electroni Signature	cally Filed] Date	04 30 2016		
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